Consortium Agreement
Graduate
2016-2017

MILLERSVILLE UNIVERSITY, known as the “Home Institution” is entering into a Consortium Agreement with the college/university, known as the “Host Institution”. It is anticipated that this student will receive his/her degree from the “Home Institution”, Millersville University.

Student Name (print) ____________________________________________ Millersville ID Number ______________________________

Name of “Host Institution” ______________________________________ Host Institution ID Number ____________________________

Term Information

Please check the semester for which you are completing this Consortium Agreement:

☐ SUMMER 2016 ☐ FALL 2016 ☐ SPRING 2017

This form must be completed EACH SEMESTER you are requesting financial aid under a Consortium Agreement.

To be eligible for a Consortium Agreement for the FALL or SPRING semester, you must either be:

☐ a. Enrolled in credits at Millersville University for that semester
☐ OR
☐ b. If you are not enrolled in credits at Millersville – you must be on a Leave of Absence at Millersville.
   ☐ a. To apply for a Leave of Absence, please contact Millersville University Registrar’s Office.

Student Responsibilities

In order to process your Consortium Agreement the following will be the student responsibility:

(Please check each one to confirm that you have read and understand what your responsibilities are.)

☐ 1. You must submit a copy of the “Authorization for Transfer of Credit” form to the Millersville University Registrar’s office for the classes you are taking at your “Host Institution”.

☐ 2. After you register for your classes at the “Host Institution”, submit this form to them. Ask them to complete page 2 and return to Millersville University Office of Financial Aid.

☐ 3. Request an official transcript from the “Host Institution” be sent to Millersville University Registrar’s Office at the conclusion of the semester for the credits covered by this Consortium Agreement.

☐ 4. Notify Millersville University Office of Financial Aid in the event of a change in your enrollment or withdrawal from any course. A change in your enrollment status may affect your financial aid eligibility.

☐ 5. Sign the Consortium Agreement. By signing this Agreement, you are granting MU's Office of Financial Aid the ability to release financial aid eligibility information to the “Host Institution”, if requested.

☐ 6. THE STUDENT IS RESPONSIBLE FOR MAKING PAYMENT ARRANGEMENTS WITH THEIR “HOST INSTITUTION” AS DUE. FINANCIAL AID REFUNDS WILL NOT BE PROCESSED UNTIL AFTER THE START OF THE SEMESTER. REFUNDS ARE NOT GUARANTEED TO BE PROCESSED PRIOR TO BILLS ARE DUE AT YOUR “HOST INSTITUTION”.

By signing this form, you agree to all of the above responsibilities and confirm that the above information is complete and accurate.

Student’s signature ____________________________ Date ____________________________
Host Institution Information and Agreement (To be filled out by the Host Institution)

Institution Name:_______________________________________________________________________________________________

Mailing Address:_______________________________________________________________________________________________

Telephone #:_______________________________________________________ Fax #:_______________________________

Name of Financial Aid Official:_________________________________________ Title:________________________________

Signature of Financial Aid Official:______________________________________ Date:________________________________

Enrollment Information

Enrollment period under this Consortium Agreement: __________________ to __________________

<table>
<thead>
<tr>
<th>Course Dept. &amp; #</th>
<th>Course Title</th>
<th>Credits</th>
<th>On-line/Blended Credits</th>
<th>Length of Course</th>
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Cost of Attendance

Complete the following information using your costs for the enrollment period list above.

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
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<tbody>
<tr>
<td>Tuition</td>
<td>______</td>
</tr>
<tr>
<td>Fees</td>
<td>______</td>
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<td>Room</td>
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<td>Board</td>
<td>______</td>
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<td>Personal</td>
<td>______</td>
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<td>Transportation</td>
<td>______</td>
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<tr>
<td>Books/Supplies</td>
<td>______</td>
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<tr>
<td>TOTAL</td>
<td>______</td>
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Please return the completed Consortium Agreement to:

OFFICE OF FINANCIAL AID
MILLERSVILLE UNIVERSITY
PO Box 1002
Millersville, PA 17551
Phone: 717-871-5100
Fax: 717-871-7980

Millersville University Agreement

MILLERSVILLE UNIVERSITY agrees to process the student financial aid application, determine eligibility and disburse funds in accordance with the Title IV regulations. Funds will only be disbursed to the student if an official Consortium Agreement has been completed by the "Host Institution" and returned to MU’s Office of Financial Aid.

Name of Financial Aid Official: _______________ Title: Interim Associate Director of Financial Aid

Signature of Financial Aid Official: _______________ Date: ____________________________

A Member of Pennsylvania’s State System of Higher Education